Confirming a strong disconnection between academe and the health care institutions in terms of quantity and content of research

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ABSTRACT

As there is a disparity in creation of research in the academe and utilization of research knowledge, the necessity to ascertain the phenomenon is warranted as the professional practice is being challenged. Hence, this descriptive qualitative research aims to confirm the strong disconnection that exists between the health research production in the academe and the research utilization by the health care institutions in terms of both quantity and content of the researches. I revealed that the development of the research agenda serve as the foundation crucial in the transfer of knowledge. In addition, the production of research in the academe varies with the utilization among health care professionals in the health care institution. The variation can be described in terms of the quantity and content of research from the academe which can be further explained to the fact that students are producing researches purely for academic purposes only to finish a degree without aiming for utilization. Also, most research information they utilized come from sources other than what the graduate- students in the academe are producing. Thus, this research primarily confirms the strong disconnection that exists between the health production in the higher education institutions and the research utilization by the health care professionals in the health care institutions.

Keywords: *disconnection between the academe and health care institutions, quantity of research, content of research*

I. INTRODUCTION

Higher Education Institutions (HEIs) are producing number of researches across the discipline every year. However, if these were sufficient enough to provide the information needs of the community in order to solve chronic problems, such as in the health care system, would be raised. Hence, an important consideration in the analysis of the research utilization of health research outputs by the health care institutions has to do with careful evaluation of the initial and terminal nodes of the process. This is whether the producers of the health researches such as the higher education institutions or any other sources are producing exactly the needs of the intended users in terms of the number and content.

Since research is a major function of HEIs, it specifies its own research thrusts. Researchers, research teams, and even research entities gather to motivate educational inventiveness, creative thinking and imagination, and numerous ways of addressing, organizing and financing research in the broad area identified. The significance of higher education in this course must not be underrated

as they are the frontline of new technologies and contribute towards the country's socioeconomic advancement. As Fetalver (2010) asserted that the vanguards of new learnings' are pursued if given more attention. Institutional scholar policies and agenda are necessary to realize the goals that consist of existence of research agenda patterned on the institution's vision and mission, philosophy and goals, as well as its research importance and programmes for uplifting and upholding research (Clemena & Acosta, 2007).

The institutions of higher education have long built their trifocal mission on teaching, analytical endeavors just like conduct of research, and service (Marston, 2002; Bernstein, Hicks, Borbey & Campbell, 2006). The university, as a knowledge production system where researcher is an integral part of the system covered the knowledge creation and transcription activities (Adewale et al., 2007). Southwest Educational Development Laboratory (SEDL, 2008) emphasized that source of the information must be considered in order to develop the knowledge transfer-based that underlies utilization. Similarly, Trustees of University of Columbia in New York City (2013) argued that the use of sources is a means of backing up the variance made which preludes to the sources of reference needs to be dependable and substantial. As such, the knowledge from research hopes to inform policy to improve the practice of every profession. Hence, health care systems as potential intended users of the research knowledge from the universities aim to improve the practice of the profession.

The dilemma connecting the academe and the health care system persisted as many graduate students undertake research just to comply with the requirements as part of the course and it ends there. Mitra (1994) also pointed that there was hardly any research in any other discipline. Only few health care professionals such as in the hospitals engage in research, or are just as passive end users of the research knowledge. Opportunities in research activities that can include both the graduate students and the health care professionals had not been availed optimally. Consequently, directions and purpose of the researches are less managed.

There is a big disparity in creation of research in the academe and utilization of research knowledge in health care system. The aim of the study is to address that gap for the two sectors to define their mission in harmony with the overall aims and principles to improve the quality of life. Hence, the paper confirmed the strong disconnection between the academic research knowledge production and utilization in the healthcare system.

II. THE PROBLEM

The research confirmed the strong disconnection that exists between the academic health research production of the higher education institutions and the research utilization by the health care institutions in terms of both quantity and content of the researches.

III. CONCEPTUAL FRAMEWORK

The study adapted the practitioner-oriented model of research utilization by Stetler Model (Stetler, 1994/2001) as its framework. This model was assumed to be utilized by specialists as a systematic and theoretical guide for the relevance of practice in line with research. Originally fostered for nurses use and similar principles could likely apply to other practitioners. It extremely completes and imparts systems to guide in research application stages activity through taking into forethought the theoretical (utilization-focused) features of clinical outcome (Sudsawad, 2007). Wherein, phase I emphasizes on the objective, framework, and sources of research evidence. Phase II concerns on the authentication of findings such as evaluating a systematic review, rating the worth of each evidence source, and determining the scientific importance of the evidence. Phase III concentrates on the four standard used together as a gestalt to decide whether it is necessary to use the authenticated evidence in the practice setting.

Phase IV attends on the evidence application process beginning with the confirmation of type, method, and level use. Finally, phase V concentrates on the assessment of the use, with two separate procedures to evaluate the case of "use" and the case of "consider use" as agreed in Phase IV (Sudsawad, 2007).

In context of the study, it also followed the five phases of the model. The academe is one of the many sources of research information for use by the health care professionals in health care utilization. It is described in first phase of the model as the potential source of the information wherein the graduate students in the HEIs are the authors of the research. When the graduate students in the advanced HEIs are producing sufficient quantity and needed content of the research, these will be further confirmed that will be evaluated for desirability of use. When decision is made after thorough evaluation to use and consider use of the evidence, implementation takes place by the health care professionals. Finally, implementation process of the research evidence will be formally evaluated. Thus, when all of the conditions in each of the phases of the Stetler Model of Research Utilization are met, there will be improved utilization of the research knowledge by the health care professionals in the health care systems. Hence, identifying the quantity and content of research produced in the advanced HEIs and similar quantity and content of research utilized in the hospitals from the same HEIs may help confirm the proposition on the disconnection.

IV. METHODOLOGY

The study used descriptive-qualitative research design on gathering information to confirm the disconnection between the academic research production and utilization in the health care system in terms of the quantity and content of research. It described the development of research agenda. Face-to-face interviews were conducted with the 15 key informants who included academic and hospital administrators familiar with the research agenda development in the institutions. They were selected purposively in the two (2) College of Nursing HEIs and two (2) hospitals in Cebu City. The HEIs and hospitals included public and private institutions. Generally, broad questions were asked on their experiences with the research agenda development. Probing questions were asked such as to provide concrete examples and particular situations related to the research thrusts. Specifically, it asked related questions such as:

(a) Were there any stakeholders in the steering committee involved in the initial process of the research agenda development and who were these stakeholders ?;
(b) Were there any frameworks that were used for the research agenda ?; and
(c) What are the final research agenda of the academe and the hospitals?

In addition, document analysis for the final research agenda was also undertaken to record the research agenda to ascertain how they were aligned with each other. Finally, the data were coded and analyzed qualitatively. Interviews were transcribed and analyzed using the constant comparison method.

V. RESULTS AND DISCUSSIONS

Development of research agenda of the academe. The development of the research agenda is a critical process. As described by Reedy and Murty (2009), crafting a research agenda should be a major aim for all graduate students irrespective of conceptual interests, methodological preferences, or career objectives. It can help orient themselves on both short- and long-term objectives, guide selection of classes, help choose which theoretical conferences engage in, and steer them in recruiting mentors and research collaborators. I revealed that in a particular College of Nursing, the research agenda was a product of the consultations with the various stakeholders of the school.

As mentioned by one informant "P":

> "The stakeholders included the administrators, faculty, students, alumni, representatives from government agencies and other beneficiaries. They were encouraged to participate in the making of the research agenda."

In addition, another key informant "C" in the same college uttered that:

> "The stakeholders' participation in the formulation of research agenda included the research coordinator of the College of Nursing together with the selected faculty members and student nurses brainstorming for feasible research thrusts and the outputs were presented to the faculty members. Subsequently, these were presented to the University Research Council (URC) and the Board of Regents for further perusal."

However, the participation and involvement of the stakeholders do not guarantee full success. Hence, key informant "Q" argued:

> "Although, the research agenda is a product of the stakeholders' consultation, it seems not effective because some heads of the agencies will just send their secretaries or any representative who is not even part of the policy making or somebody who can direct the implementation of the initiatives. Consequently, what was discussed during the consultation will not be echoed or if when echoed do not guarantee the approval."

Moreover, in the other colleges, the research agenda were not yet in placed and no involvement of the stakeholders was noted. As revealed by key informant "E":

> "The college has not yet developed its own research agenda, but we intend to include the community and other stakeholders to participate in the development..."

The results indicated that not all institutions have developed their own research agenda. Consistent with the views of Adewale and Esther (2012) due to the absence of participation of the primary stakeholders they became deterred, culminating in their lack-lustre approach towards application of the orchestrated plan. Consequently, the resultant lack of buy-in by the affected stakeholders laid credence to the deficiency of the process resulting to low performance on a number of indicators. Hence, it is necessary to understand if there is any, how it is being developed and the future directions wherein frameworks can be very helpful.

Waligo, Clarke and Hawkins (2013) developed 'multi-stakeholder involvement management' (MSIM) structure that consisted of three designed levels that included attraction, integration and management of stakeholder involvement. Under the three levels were six stages namely: scene-setting; acknowledgement of stakeholder involvement capacity; stakeholder relationship supervision; and pursuit of achievable objectives,;affecting implementation capacity; and observing stakeholder involvement. These were reinforced by the predominant notion of 'hand-holding' and key actions that enhance stakeholder involvement in sustainable tourism as in their case. In like manner, it is recognized that ineffectual stakeholder participation is a major hindrance in the promotion and sustainability of any research translation activity.

For example, in one college, because of the absence of the research agenda, the topics greatly deal on the same area. In addition, as the students were given the opportunity to explore the development of their research

topics based on their personal and academic encounters, readings, and existing practices, they did not have a focus on the issues and ideas. Consequently, there will also be duplication of efforts and not all important questions were being studied. Thus, information needs of the health care professionals in the hospitals will not be addressed to a large extent. Lastly, on-going efforts will not be taken as the college is still at the beginning of its development of its own research agenda.

Hence, the variation in the processes of the development of the research agenda particularly in the involvement of the stakeholders is detrimental to the final document to be produced. More importantly, the absence of the research agenda plays in the disconnection between the academe and the health care system.

Final research agenda. After the processes involved in the development of the research agenda involving the various stakeholders' consultation and framed on related documents, the research agenda are finalized. Subsequently, the document will be disseminated to the stakeholders so that on-going efforts will be made in the refinement of the research agenda. In addition, the development of the research agenda, resources or documents were referred to by the stakeholders involved.

As revealed by key informant "P":

> "The research agenda was formulated in consonance with the university research agenda (Human Development Studies) which was in turn based on the government and non- government research thrusts in the regional and national levels like the National Higher Education Research Agenda (NHERA), National Unified Health Research Agenda (NUHRA), Department of Health (DOH), and Department of Science and Technology (DOST)."

As revealed, one College of Nursing has identified thrusts in line with the objectives of the Center for Health Studies.

As revealed by key informant "C":

> "The college thrusts include: Health and Higher Education System, Vulnerable population studies; health disparity; health delivery system; wellness promotion; climate change; health studies; nursing pedagogy and tracer study."

On the other hand, key informant "E" uttered:

> "Since we do not have the research agenda of our own developed through consultations with various stakeholders, we referred to the NUHRA 2011-2016 and the NHERA 2 -2009-2018."

According to Philippine National Health Research System (PNHRS, 2011), NUHRA serves as the country's model for health research and advancement efforts. The NUHRA 2011-2016 has research concerns that categorize into four main subjects namely, health technology development, health financing, health service delivery, and socio-environmental health concerns. Scrupulous topics are enumerated for each main research subjects. The creation of the NUHRA 2011-2016 was globally committed.

On the other hand, NHERA-2 reiterates the general policies that should guide higher scholar to illustrate approaches and initiates to develop research competency and productivity. As classified priority areas for research and research-related programs in the next ten years. It also assimilates the concerns of higher learning sector with the total development goals and purpose of the country, the National Innovation System and the higher learning international society (CHED, 2009).

Although, the NUHRA 2011-2016 and NHERA-2 are products of the conference discourse on the changing situations of the higher

learning in the country and the state of research in the colleges and universities. Base on the research agenda of the school on the NHERA -2 and NUHRA 2011-2016 are still problematic.

Hence, key informant "Q" commented:

> "Being once part of the core group in the development of the 2 agenda (NHERA and NUHRA), it (the present agenda) only banked on the previous agenda because there are very few researches that had been conducted. Consequently, the evaluation of type of the research produced in turn which should supposedly provide valuable information becomes less informative."

With the results, it is indicated that the colleges need to develop their own research agenda. Hence, each institution has own specific concerns that can be addressed through research. As supported by Issel, Bekemeier and Kneipp (2012), as the agenda is embraced by funding agencies, researchers, and practice-based partners, a more intensive program of research will create evidence that can guide population focused practice. Moreover, the information on the research agenda should be disseminated effectively.

Finally, research agenda is a "living document" that must be appraised and modified as research is conducted and new priorities are recognized. The documents must be revised every three years to address the recent needs and demands of the school environment and the civil society and revision or additions can be done earlier when the URC deems it necessary to make such. The college must refine it through an annual or semi-annual assembling to revisit the agenda and plan for repetition of promising studies, annexing additional areas of research, eradicating of others and centering core groups of the stakeholders.

As agreed by Robert Wood Johnson Foundation by the Center for Disease Control and Prevention, Consortium from Altarum Institute, Systems Research and National Coordinating Center for Public Health Services, the outcome research agenda arrange a foundation for organizing the public health scientific endeavour around the current, high-priority ambiguities identified by broad range of public health stakeholders. They also added that regular revises to this agenda is vital in achieving and constant upgrading in both science and public health system.

Since the absence of research agenda can hinder the promotion of evidence-based practice as it failed to bring the practice and the research communities together. I confirmed the claim that there is a disconnection between the academic health research production in the higher education institutions and the research utilization by the health care professionals in the health care institutions in terms of both quantity and content of the researches.

VI.CONCLUSIONS

The production of research in the academe varies with the utilization among health care professionals in the health care institution. The variation can be described in terms of the quantity and content of research from the academe that can be further explained to the fact that students are producing researches purely for academic purposes only to finish the degree without aiming for utilization. Hence, most research information they utilized come from sources other than what the graduate-students in the academe are producing.

In addition, the development of the research agenda served as the foundation crucial in the transfer of knowledge. As the academe has its own system of developing its research agenda, effective consultation with the stakeholders becomes necessary. As there are various stages in the knowledge transfer, the initial knowledge production must be in consonance with the research thrusts of the academe developed after the effective consultation with the stakeholders. Hence, no definite involvement and participation of the various stakeholders in the development

of the research thrusts can result to failure of the academe addressing the current and relevant needs of the hospitals. Thus, disconnection starts at the production level.

Therefore, a strong disconnection exists between the health production in the higher education institutions and the research utilization by the health care professionals in the health care institutions in terms of both quantity and content of the researches.

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